

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		5-1-00
O.I.P.E. CLASSIFIER		49	5/5/00
FORMALITY REVIEW	EN	64934	6-24-00
RESPONSE FORMALITY REVIEW			

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/00
2	✓	✓	5/1/00
3	✓	✓	5/1/00
4	✓	✓	5/1/00
5	✓	✓	5/1/00
6	✓	✓	5/1/00
7	✓	✓	5/1/00
8	✓	✓	5/1/00
9	✓	✓	5/1/00
10	✓	✓	5/1/00
11	✓	✓	5/1/00
12	✓	✓	5/1/00
13	✓	✓	5/1/00
14	✓	✓	5/1/00
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If more than 150 claims or 10 actions  
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